


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 356387 1. Entity Name DIMENSION V, INC.	
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Principal Place of Business 598 SEABREEZE DRIVE INDIALANTIC, FL 32903	Mailing Address 598 SEABREEZE DRIVE INDIALANTIC, FL 32903
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04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1294262	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEONARD, GEORGE L CPA 1485 NORTH ATLANTIC AVE SUITE 102 COCOA BEACH, FL 32931
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000746009 05/16/07-80051-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MUIR, JAMES H
STREET ADDRESS	598 SEABREEZE DR
CITY-ST-ZIP	INDIALANTIC, FL
TITLE	V
NAME	MUIR, CHRISTOPHER J.
STREET ADDRESS	200 FIRST AVENUE
CITY-ST-ZIP	INDIALANTIC, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James H. Muir **JAMES H. MUIR** 4-26-07 321 724 1414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #